

PAYROLL VOUCHER

(Original voucher must be received by the payroll department to receive payment)

SUBMIT VOUCHER ON PAY DAY TO BE PAID ON NEXT PAY DAY

Name: _____

Assignment: _____

(Please print)

EHB

MMS

CMS

CHS

(Please check to indicate school assignment)

ASSIGNMENT	RATE OF PAY (Step or Level)
TOTAL PAY	

I hereby certify that the amount authorized for payment is justly due and owed for services rendered as indicated and payment is approved.

Date Employee Signature Signature of Principal/Supervisor BA Approval

Business Office Use Only

3-181

BOE Approval Date: _____

Account Code: _____